MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019513**   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DE
1			1					51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
11			1					61						
12				1				62						
13			1					63						
14				1				64						
15			1					65						
16				1				66						
17				1				67						
18				1				68						
19				1				69						
20				1				70						
21			1					71						
22				1				72						
23				1				73						
24			1					74						
25				1				75						
26				1				76						
27				1				77						
28				1				78						
29				1				79						
30				1				80						
31				1				81						
32				1				82						
33				1				83						
34				1				84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			6					TOTAL IND.						
TOTAL DEP.			19					TOTAL DEP.						
TOTAL CLAIMS			25					TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS